

SERFF Tracking Number: CNAC-126197296 State: District of Columbia
Filing Company: Continental Casualty Company State Tracking Number:
Company Tracking Number: 09-00023-R
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0003 Chiropractic
Made/Occurrence
Product Name: Chiropractic Benefit Services Risk Purchasing Group Professional Liability Program
Project Name/Number: Chiropractic Revision/09-00023-FR

Filing at a Glance

Company: Continental Casualty Company

Product Name: Chiropractic Benefit Services Risk Purchasing Group Professional Liability Program
SERFF Tr Num: CNAC-126197296 State: District of Columbia

TOI: 11.0 Medical Malpractice - Claims SERFF Status: Closed-APPROVED State Tr Num:

Made/Occurrence

Sub-TOI: 11.0003 Chiropractic

Co Tr Num: 09-00023-R

State Status:

Filing Type: Rate/Rule

Author: Sharon Robinson

Reviewer(s): Robert Nkojo

Date Submitted: 08/13/2009

Disposition Date: 02/05/2010

Disposition Status: APPROVED

Effective Date Requested (New): 09/15/2009

Effective Date (New):

Effective Date Requested (Renewal): 09/15/2009

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Chiropractic Revision

Status of Filing in Domicile: Not Filed

Project Number: 09-00023-FR

Domicile Status Comments:

Reference Organization: n/a

Reference Number: n/a

Reference Title: n/a

Advisory Org. Circular: n/a

Filing Status Changed: 02/05/2010

State Status Changed:

Deemer Date:

Created By: Sharon Robinson

Submitted By: Sharon Robinson

Corresponding Filing Tracking Number:

Filing Description:

The Continental Casualty Company, a member company of the CNA group of Insurance Companies, submits for your review and approval the attached new forms for use with the Chiropractic Benefit Services Risk Purchasing Group Professional Liability Program.

Company and Contact

Filing Contact Information

Sharon Robinson, Regulatory Filings Technician sharon.robinson2@cna.com

SERFF Tracking Number: CNAC-126197296 State: District of Columbia
 Filing Company: Continental Casualty Company State Tracking Number:
 Company Tracking Number: 09-00023-R
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0003 Chiropractic
 Made/Occurrence
 Product Name: Chiropractic Benefit Services Risk Purchasing Group Professional Liability Program
 Project Name/Number: Chiropractic Revision/09-00023-FR

40 Wall Street 212-440-7302 [Phone]
 9th Floor 212-440-2877 [FAX]
 New York, NY 10005

Filing Company Information

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
40 Wall Street	Group Code: 218	Company Type:
9th Floor	Group Name:	State ID Number:
New York, NY 10005	FEIN Number: 36-2114545	
(212) 440-3478 ext. [Phone]		

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental Casualty Company	\$0.00		

SERFF Tracking Number: CNAC-126197296 State: District of Columbia
 Filing Company: Continental Casualty Company State Tracking Number:
 Company Tracking Number: 09-00023-R
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0003 Chiropractic
 Made/Occurrence
 Product Name: Chiropractic Benefit Services Risk Purchasing Group Professional Liability Program
 Project Name/Number: Chiropractic Revision/09-00023-FR

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Robert Nkojo	02/05/2010	02/05/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Forms Filing Memorandum	Sharon Robinson	08/14/2009	08/14/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Filing Status	Note To Reviewer	Sharon Robinson	01/28/2010	01/28/2010

<i>SERFF Tracking Number:</i>	<i>CNAC-126197296</i>	<i>State:</i>	<i>District of Columbia</i>
<i>Filing Company:</i>	<i>Continental Casualty Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>09-00023-R</i>		
<i>TOI:</i>	<i>11.0 Medical Malpractice - Claims</i>	<i>Sub-TOI:</i>	<i>11.0003 Chiropractic</i>
	<i>Made/Occurrence</i>		
<i>Product Name:</i>	<i>Chiropractic Benefit Services Risk Purchasing Group Professional Liability Program</i>		
<i>Project Name/Number:</i>	<i>Chiropractic Revision/09-00023-FR</i>		

Disposition

Disposition Date: 02/05/2010

Effective Date (New):

Effective Date (Renewal):

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CNAC-126197296 State: District of Columbia

Filing Company: Continental Casualty Company State Tracking Number:

Company Tracking Number: 09-00023-R

TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0003 Chiropractic
Made/Occurrence

Product Name: Chiropractic Benefit Services Risk Purchasing Group Professional Liability Program

Project Name/Number: Chiropractic Revision/09-00023-FR

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter All Filings		Yes
Supporting Document	Consulting Authorization		Yes
Supporting Document	Actuarial Certification (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		Yes
Supporting Document (revised)	Forms Filing Memorandum		Yes
Supporting Document	Forms Filing Memorandum		Yes
Rate	COMPANY PAGES		Yes
	FORCHIROPRACTIC BENEFIT SERVICES RISK PURCHASING GROUP		
Rate	STATE EXCEPTION/RATE PAGE FOR CHIROPRACTIC BENEFIT SERVICES RISK PURCHASING GROUP		Yes

SERFF Tracking Number: CNAC-126197296 *State:* District of Columbia
Filing Company: Continental Casualty Company *State Tracking Number:*
Company Tracking Number: 09-00023-R
TOI: 11.0 Medical Malpractice - Claims *Sub-TOI:* 11.0003 Chiropractic
Made/Occurrence
Product Name: Chiropractic Benefit Services Risk Purchasing Group Professional Liability Program
Project Name/Number: Chiropractic Revision/09-00023-FR

Note To Reviewer

Created By:

Sharon Robinson on 01/28/2010 08:41 AM

Last Edited By:

Sharon Robinson

Submitted On:

01/28/2010 08:41 AM

Subject:

Filing Status

Comments:

Dear Reviewer,

We would like to inquire about the status of this filing. Any information provided would be greatly appreciated.

Thank you,

Sharon Robinson

SERFF Tracking Number: CNAC-126197296 State: District of Columbia
 Filing Company: Continental Casualty Company State Tracking Number:
 Company Tracking Number: 09-00023-R
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0003 Chiropractic
 Made/Occurrence
 Product Name: Chiropractic Benefit Services Risk Purchasing Group Professional Liability Program
 Project Name/Number: Chiropractic Revision/09-00023-FR

Amendment Letter

Submitted Date: 08/14/2009

Comments:

Please see advised that the forms filing memorandum was removed for the rate filing.

Thanks

Sharon

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Forms Filing Memorandum

Comment: n/a

Rate/Rule Schedule

Schedule Item Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
	COMPANY PAGES FORCHIROPRACTIC BENEFIT SERVICES RISK PURCHASING GROUP	1-8	New	_CW Manual Pages.pdf
	STATE EXCEPTION/RATE PAGE FOR CHIROPRACTIC BENEFIT SERVICES RISK PURCHASING GROUP	1-1	New	DC State Pages1.pdf



**COMPANY PAGES FOR
CHIROPRACTIC BENEFIT SERVICES RISK PURCHASING GROUP
CONTINENTAL CASUALTY COMPANY**

I. APPLICATION OF MANUAL RULES

- A. This manual provides rules, rates, premiums and classifications and shall govern the writing of policies for the chiropractic profession.
- B. The rules, rates, rating plans and forms filed on behalf of the Company and not in conflict herewith shall govern in all cases not specifically provided for herein.
- C. Any exceptions to these manual rules are contained in the respective Section or State Rate Page.

II. POLICY TERMS

Policies may be written for a term of one year, and renewed annually thereafter, or as otherwise specified for the respective coverage.

III. PREMIUM COMPUTATION

- A. Compute the premium at policy inception using the rules, rates and rating plans in effect, at that time. At each renewal, compute the premium using the rules, rates and rating plans then in effect.
- B. Prorate the premium when a policy is used for less than a whole year.
- C. Premiums are calculated as specified for the respective coverage. Premium rounding will be done in accordance with the Whole Dollar Rule.
- D. The premium shall be computed by applying the rate per practitioner, shown on the State Rate Page, to the total number of practitioners who are named insureds. The rates shall be applied in accordance with each practitioner's classification.

IV. FACTORS OR MULTIPLIERS

Unless stated otherwise, factors or multipliers are to be applied consecutively and not added together.

V. POLICY WRITING MINIMUM PREMIUM

The minimum premium shall be \$200.00 per annual or lesser period.

VI. PREMIUM PAYMENT PLAN

The Company may, at its discretion, offer to the Named Insured various premium payment options, including monthly, quarterly, and annual payment plans.

VII. WHOLE DOLLAR RULE

If the result of the rating procedure is not a whole dollar, the result will be adjusted as follows:

- a) any amount involving \$.50 or over shall be rounded to the next higher whole dollar amount; or
- b) any amount involving \$.49 or less shall be rounded down to the next lower whole dollar amount.



**COMPANY PAGES FOR
CHIROPRACTIC BENEFIT SERVICES RISK PURCHASING GROUP
CONTINENTAL CASUALTY COMPANY**

VIII. ADDITIONAL PREMIUM CHARGES

- A. Prorate all changes requiring additional premium
- B. Apply the rates and rules that were in effect at the inception date of this policy period. After computing the additional premium, charge the amount applicable from the effective date of the change, even if the policy inception premium was less than the policy writing minimum premium.
- C. Waive additional premium of \$10.00 or less.

IX. RETURN PREMIUM

- A. Deletion of any coverage, other than optional coverages, is not permitted unless the entire policy is canceled.
- B. Compute return premium at the rates used to calculate the policy premium at the inception of this policy period.
- C. Compute return premium pro rata and round in accordance with the Whole Dollar Rule when any coverage or exposure is deleted or an amount of insurance is reduced.
- D. Retain the policy writing minimum premium.

X. COVERAGES

Coverage	Limits
A Professional Liability	Claims-Made Basis
B Licensure Defense Assistance	\$30,000 Each Civil Proceeding \$30,000 Each Policy Period Aggregate
C Deposition Assistance	\$2,500 Each Deposition \$7,500 Each Policy Period Aggregate
D Reimbursement for Attendance at Dispute Resolution	\$500 Each Day \$5,000 Each Policy Period Aggregate
E Property Damage Payment	\$500 Each Claim \$1,000 Each Policy Period Aggregate
F First Aid Reimbursement	\$5,000 Each Person \$10,000 Each Policy Period Aggregate

XI. POLICY CANCELLATIONS

- A. The policy may be canceled flat within 60 days of the effective date. Evidence of such cancellation must be received by the Company within 60 days of such cancellation.
- B. Any cancellation initiated, other than by the insured, after more than 60 days will be canceled pro-rata.
- C. Cancellation initiated by the insured will be canceled pro-rata less a penalty of 10% (subject to Rule V. Policy Writing Minimum Premium) unless coverage is concurrently rewritten by the Company, in which case no penalty shall be applied.



**COMPANY PAGES FOR
CHIROPRACTIC BENEFIT SERVICES RISK PURCHASING GROUP
CONTINENTAL CASUALTY COMPANY**

XII. CLASSIFICATIONS – CALCULATION OF PREMIUM – Professional Liability Coverage

The base premium for the policy shall be the sum of the applicable charge for each insured based on his/her class, as developed below. The annual mature claims-made base rate for each class is stated on the respective State Exception page:

ISO Class Code 80410

A. The following class descriptions will apply:

Class	Description
1	<p>Doctors of Chiropractic in Class 1 have as their sole objective the detection and correction of the vertebral subluxation. While they may be aware of the patient's symptoms or specific health problems, they do not attempt to treat those symptoms or conditions.</p> <p>Class 1 chiropractors use manual adjusting techniques, which can include hand-held, non-electric devices such as a Toftness Instrument, Atlas Orthogonal Instrument, Integrator Or Activator, etc</p> <p>In addition, they may use traction, extremity adjusting, massage, hot and cold packs, orthotics or other non-invasive modalities which they consider necessary in order to properly detect or correct subluxations, or which they feel will help patients maintain their adjustments.</p> <p>Class 1 doctors do not use therapeutic agents, including nutritional supplements, homeopathic or naturopathic remedies, to treat diseases or suppress symptoms.</p> <p>Surface electromyography (SEMG) in the paraspinal area may be used to measure a variety of physiological changes to determine if subluxation exists. Evidence-based documentation from spinal range of motion and computerized muscle testing studies fall within Class 1. Skin temperature measurement instruments may be used to evaluate neurological changes associated with vertebral subluxation.</p> <p>No invasive procedures or diagnostic or treatment equipment or techniques should be used which are not directly related to the detection and correction of vertebral subluxation. X-ray and other imaging techniques may be used to assist in determining the presence of vertebral subluxation in the spine.</p>

(table continued on next page)



**COMPANY PAGES FOR
CHIROPRACTIC BENEFIT SERVICES RISK PURCHASING GROUP
CONTINENTAL CASUALTY COMPANY**

XII. CLASSIFICATIONS – CALCULATION OF PREMIUM – Professional Liability Coverage (cont'd)

A. The following class descriptions will apply:

Class	Description
2	<p>Doctors of chiropractic in this class focus on the detection and correction of the vertebral subluxation. In addition, they may address neuromusculoskeletal complaints and treat spinal-related conditions and symptoms such as strains and sprains.</p> <p>To achieve their practice objective, doctors in Class 2 may utilize everything included under Class 1 and, additionally, modalities such as electrical stimulation, ultrasound, diathermy whirlpool, cryotherapy, orthopedic supports, homeopathy related to the spine, athletic taping, etc., all for the purpose of detecting or correcting vertebral subluxation or diagnosing and treating neuromusculoskeletal complaints.</p> <p>Although invasive procedures are not used, neurologic and orthopedic tests are sometimes utilized. Those chiropractors who hold licenses in acupuncture and perform techniques which require such a license shall be categorized in this class.</p>

B. The annual mature claims-made rates for each chiropractor are stated on the State Rate Page.

The annual step rates, under claims-made, for each Chiropractor shall be determined as follows:

1. If the chiropractor is just entering practice, or the chiropractor has continuously been insured under an "occurrence" policy, enter the step rate factor from the Table at the year one level.
2. If the chiropractor has been insured under a "claims-made" policy for one or more years immediately preceding the effective date of this coverage, or for reasons acceptable to the Company had been uninsured, the following procedure shall apply:
 - a) determine the number of years in which the chiropractor was covered under such claims-made policy(ies);
 - b) determine the number of years in which the chiropractor was uninsured;
 - c) the sum of years developed in a) and b) shall be the base exposure. Fractional years of six months or more of base exposure shall be rounded to the next higher year; less than six months shall be rounded to the next lower year;
 - d) the sum of years developed in c) above shall be the Years of Prior Exposure. The Table is entered at the total prior Years of Exposure, plus one.

The factors in the following Table shall be applied to the full time class rate, found on the State Page, in effect at the inception of the policy.

Step 1	Step 2	Step 3	Step 4
0.35	0.66	0.90	1.00



**COMPANY PAGES FOR
CHIROPRACTIC BENEFIT SERVICES RISK PURCHASING GROUP
CONTINENTAL CASUALTY COMPANY**

XII. CLASSIFICATIONS – CALCULATION OF PREMIUM – Professional Liability Coverage (cont'd)

C. Location of Practice

The rates as shown in this manual contemplate the exposure as being derived from professional practice within the state. An exception will be allowed for those who derive 25% or less of their practice time from outside the state. Those who derive more than 25% of their practice time outside the state shall be referred to the Company for underwriting approval and rating. We will charge the higher rate if there is multi-state exposure.

XIII. CREDITS AND SURCHARGES

The following applicable factors will be added together and the sum will be applied to the associated risk. The maximum credit applicable to any risk is shown on the respective State Rate page.

A. New Graduate

A “new” graduate is defined as an individual who is receiving his or her first chiropractic license and beginning a practice.

The following credits will apply:

Years in Practice	Discount
1st	75%
2nd	40%
3rd	25%
4th	15%

B. Corporations/Partnerships/Associations

It shall be permissible to provide coverage for a corporation, partnership or association for liability arising from the practice of member chiropractors insured by the Company. Such coverage may be provided either:

1. on a shared limit of liability with the member practitioner, in which case no additional premium shall be charged; or
2. on a separate limit of liability basis. All practitioners of the corporation must purchase the same limit of liability. Additional premium shall be 15% of the total developed liability premium for each member.

C. Additional Insured

An additional insured, other than Corporations/Partnerships (such as an outpatient surgical center, managed care organization, hospital, etc.) may be added to the policy for an additional premium charge of 20% of the policy’s total manual premium. All other Additional Insureds must be referred to the Company for approval and rating.

D. Vicarious Liability

A charge of 10% of the named insured's premium will be charged for each chiropractor not insured by CNA who presents a vicarious liability exposure to the named insured.



**COMPANY PAGES FOR
CHIROPRACTIC BENEFIT SERVICES RISK PURCHASING GROUP
CONTINENTAL CASUALTY COMPANY**

XIII. CREDITS AND SURCHARGES (cont'd)

E. Disability/Leave of Absence

A practitioner who becomes disabled, or is on leave of absence for a period of at least 30 days, but less than 180 days, may be eligible for restricted coverage at a rate reduction of 75% of the applicable rate for the period of disability or leave of absence. This will apply retroactively to the first day of disability or leave of absence. Leaves of absence are subject to underwriting approval.

F. Part Time

A part time credit of 50% of the applicable rate will apply to any practitioner who works 20 hours or less per week.

G. Military Activation

Where an Insured has been called to Active Military duty an endorsement will be attached suspending coverage for the period of deployment. Note: the period on active duty does not count for step rating

H. Locum Tenens

Coverage for a practitioner substituting for an insured will be limited to cover only professional services rendered on behalf of an insured for the specified time period. Locum Tenens will share in the insured's limit of liability, and the substituting professional is subject to standard underwriting approval. There is no additional charge for a period not to exceed 60 days.

I. Loss Prevention/Risk Management

A Risk management credit of up to 10% will be applied to the rate, based upon completion of Company-sponsored risk management or Company-approved courses. Course content must include one or more of the following topics:

- patient communication
- documentation
- informed consent
- confidentiality of records
- litigation and other legal issues

Verifiable active participation is required in any such program. The course must be completed by the insured within 24 months of the policy effective date. This credit will be reapplied to subsequent coverage terms, provided that the course completion date is within 24 months of the effective date. This is subject to underwriting approval.

J. Experience Rating

The following claims-free credits will apply to the chiropractor's applicable class rate:

Minimum Number of Consecutive Years Claims-Free	Credit
5	10%
10	15%
20	20%



**COMPANY PAGES FOR
CHIROPRACTIC BENEFIT SERVICES RISK PURCHASING GROUP**

CONTINENTAL CASUALTY COMPANY

XIII. CREDITS AND SURCHARGES (cont'd)

K. Schedule Modification

A modification reflecting the specific individual characteristics of a risk shall be applied to the professional liability premium for chiropractors. The criteria (shown below) used in evaluating the risk will be applied objectively and uniformly to all risks. All applicable debits and credits from this Section K shall be added together and the sum shall be the total Schedule Modification. The total schedule modification shall be capped by the amount listed in state rate/exception page.

Criteria	Maximum Credit	Maximum Debit
1. Qualifications and experience of management	-10%	+10%
2. Cooperation with insurer	-10%	+10%
3. Selection and supervision of staff	-10%	+10%
4. Effective risk management program	-10%	+10%
5. Ongoing quality improvement program	-10%	+10%
6. Communication vehicle for patient questions and concerns	-10%	+10%
7. Use of recognized system of clinical guidelines	-10%	+10%
8. Well-maintained patient record system	-10%	+10%
9. Thorough documentation of patient care and interaction	-10%	+10%
10. Established policies and procedures for patient relations	-10%	+10%
11. Rehearsed emergency plan/equipment in place	-10%	+10%
12. High risk or experimental procedures or treatments	0%	+25%
13. Loss experience	-10%	+25%
14. Demographics of Patient Group	-10%	+25%
15. Other risk deviations specific to the account	-15%	+15%

XIV. LIMITS OF LIABILITY

The base rate on the state rate page contemplates a limit of \$100K/\$300K. Higher limits of liability may be selected by insureds. The associated factors listed below will apply to the \$100K/\$300K rate.

Limits of Liability	Factor
\$100,000 / \$300,000	1.000
\$200,000 / \$600,000	1.159
\$250,000 / \$750,000	1.215
\$500,000 / \$1,500,000	1.500
\$1,000,000 / \$3,000,000	1.590
\$2,000,000 / \$4,000,000	1.741



**COMPANY PAGES FOR
CHIROPRACTIC BENEFIT SERVICES RISK PURCHASING GROUP
CONTINENTAL CASUALTY COMPANY**

XV. EXTENDED REPORTING PERIOD COVERAGE

The extension period is unlimited with respect to time. The availability of Extended Reporting Period Coverage shall be governed by the following rules:

1. The limits of liability will equal the limits of liability of the expiring policy.
2. Extended Reporting Period Coverage will be available to all named insureds shown on the Declarations page of this policy. Should an insured terminate association with an entity, coverage will also be offered for the liability of the entity provided that such entity was also insured by this Company.
3. Should the entity terminate coverage under the policy, the entity may purchase this coverage by giving the Company written notice, within 60 days, of its intent to purchase, and paying the appropriate premium.
4. Upon termination of coverage under this policy by reason of death or permanent disability, the insured's unearned premium for this coverage will be waived and Extended Reporting Period Coverage will be granted for no additional charge.

There will be no charge for Extended Reporting Period Coverage in the event of retirement from the practice of chiropractic and provided the insured is at least 52 years old and has been continuously insured by the Company for at least one year immediately preceding retirement.

This shall apply to all insureds otherwise qualifying for such coverage.

5. The Prior Acts date of coverage with this Company will determine the years of prior exposure in calculation of Extended Reporting Period Coverage.
6. Premium must be paid promptly when due.
7. In the event the policy is canceled, any return premium due the insured shall be credited toward the premium for Extended Reporting Period Coverage, if the insured elects this coverage. If any premium is due for the period of time between the earlier of the policy's Prior Acts date or effective date and the termination date, any monies received by the Company from the insured shall first be applied to the premium owing for the policy and then to the Extended Reporting Period endorsement.
8. The factors in the following Table shall be applied to the *expiring premium*:

Years of Claims-Made Coverage	Factor
1	142%
2	134%
3	123%
4 or more	121%

**STATE EXCEPTION/RATE PAGE FOR
CHIROPRACTIC BENEFIT SERVICES RISK PURCHASING GROUP**

CONTINENTAL CASUALTY COMPANY

I. Amended Rules - Professional Liability

Section XIII, Credits and Surcharges, is amended to include the following:

The maximum discount applicable to any one risk shall be governed by the following:

First Year New Graduate	75%
Second Year New Graduate	40%
Part-Time Chiropractor	50%
All Others	30%

Section XIII.K., Schedule Modifications, is amended to include the following:

"The maximum schedule modification shall be capped at +/-25%."

II. Territorial Definitions - Professional Liability

Territory	Definition
I	Entire State

III. Rates - Professional Liability

Mature Claims-made Rate at \$100K/\$300K Limits:

Class	Territory I
I	\$1,321
II	\$1,453

SERFF Tracking Number: CNAC-126197296 State: District of Columbia
 Filing Company: Continental Casualty Company State Tracking Number:
 Company Tracking Number: 09-00023-R
 TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0003 Chiropractic
 Made/Occurrence
 Product Name: Chiropractic Benefit Services Risk Purchasing Group Professional Liability Program
 Project Name/Number: Chiropractic Revision/09-00023-FR

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Cover Letter All Filings		
Comments:		
Attachment:		
DC 4-2009 Life Agents Cover letter.pdf		

	Item Status:	Status Date:
Bypassed - Item: Consulting Authorization		
Bypass Reason: Not a third party filing		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Actuarial Certification (P&C)		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Bypass Reason: N/A		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: District of Columbia and Countrywide Loss Ratio Analysis		

SERFF Tracking Number: CNAC-126197296 State: District of Columbia
Filing Company: Continental Casualty Company State Tracking Number:
Company Tracking Number: 09-00023-R
TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0003 Chiropractic
Made/Occurrence
Product Name: Chiropractic Benefit Services Risk Purchasing Group Professional Liability Program
Project Name/Number: Chiropractic Revision/09-00023-FR
(P&C)
Bypass Reason: N/A
Comments:

	Item Status:	Status Date:
Satisfied - Item: Forms Filing Memorandum Comments: n/a		



40 Wall Street – 9th Floor
New York, New York 10005

State Filing Analyst
P & C State Filing Unit
CNA Global Specialty Lines

Telephone 212-440-7302
Facsimile 212-440-2877
Toll Free 877-269-3277 x 7302
sharon.robinson2@cna.com

July 6, 2009

Commissioner of Insurance
District of Columbia Department of
Insurance Securities and Banking
810 1st Street NE Suite 701
Washington, DC 20002

RE: CONTINENTAL CASUALTY COMPANY NAIC# 218-20443 FEIN# 36-2114545
Life Agents Professional Liability Policy form GSL2933XX ed. 03-09
Life Agents Professional Liability Master Policy form GSL11314XX ed. 02-09
Forms Filing
Our Filing No.: 09-00013-F

To Whom It May Concern:

On behalf of Continental Casualty Company, we hereby submit for your review and approval the attached Life Agents Professional Liability Policy form GSL2933 ed. 03-09 and the attached Life Agents Professional Liability Master Policy form GSL11314XX ed. 2-09. Both policy form GSL2933XX and GSL11314XX provide the same professional liability coverage for Life Agents. The difference between the two forms is in the administration.

The Life Agents Professional Liability Policy form GSL2933XX has a policy inception and expiration date. The Life Agents Professional Master Policy form GSL11314XX has a policy inception, but no set expiration date; as such, each individual Life Agent is issued a Certificate of Insurance and his or her coverage terminates on the annual expiration of each Certificate Period. Both policy forms are offered to all Insureds to choose which policy form fits their needs, based upon which policy form they can better administer.

Please refer to the attached forms filing memorandum for a listing of all forms, including endorsements that work with both versions of the Life Agents Professional Liability Policy forms.

Please be advised that this policy will be rated on an (a) rate basis.

We propose that this filing will become applicable to all policies written on or after August 10, 2009 or the earliest date permitted by your state.

Sincerely,

Sharon A. Robinson

SERFF Tracking Number: CNAC-126197296 State: District of Columbia

Filing Company: Continental Casualty Company State Tracking Number:

Company Tracking Number: 09-00023-R

TOI: 11.0 Medical Malpractice - Claims Sub-TOI: 11.0003 Chiropractic
Made/Occurrence

Product Name: Chiropractic Benefit Services Risk Purchasing Group Professional Liability Program

Project Name/Number: Chiropractic Revision/09-00023-FR

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/13/2009		Supporting Forms Filing Memorandum Document	08/14/2009	09-00023 DC FFM chiro_072009_09-00023 DC FFM chiro.pdf (Superceded)

**Chiropractic Professional Liability Master Policy
Forms Filing Memorandum
09-00023-F**

DISTRICT OF COLUMBIA

G-145531-A (Ed. 6/03)(c)

Chiropractic Professional Liability Master Policy

This policy provides professional liability coverage for Chiropractors on a claims-made and reported basis, subject to the terms and conditions stated therein.

G-145550-A (Ed. 6/03)

Certificate of Insurance

This is the policy declarations page.

G-145532-A (Ed. 06/03)

Notice of Cancellation Endorsement

This is a Notice to the Certificate-holder that the Named Insured's Certificate of Insurance is cancelled.

G-145533-A (Ed. 06/03)

Class Change Endorsement

This endorsement changes the Class Code.

G-145534-A (Ed. 06/03)

Optional Extended Reporting Period Endorsement

This endorsement is used for application of the Optional Extended Reporting Period when the policy expires or is cancelled.

G-145536-A (Ed. 06/03)

Employment Status Change Endorsement

This endorsement notifies us that an Insured renders service either less than or more than 20 hours per week.

G-145537-A (Ed. 06/03)

Amended Limits of Insurance Endorsement

This endorsement amends the policy to change the limit of liability.

G-145538-A (Ed. 06/03)

Reinstatement Endorsement

This endorsement reinstates a cancellation with no lapse in coverage.

G-145539-A (Ed. 06/03)

Leave of Absence Endorsement

This endorsement amends the policy to exclude coverage for any claim arising during a Leave of Absence Period.

G-145541-A (Ed. 06/03)

Amended Rating Territory Endorsement

This endorsement amends the policy to specify Rating Territories.

**Chiropractic Professional Liability Master Policy
Forms Filing Memorandum
09-00023-F**

DISTRICT OF COLUMBIA

G-145542-A (Ed. 06/03)

Schedule of Insureds

This endorsement lists named individuals or entities as insureds.

G-145544-A (Ed. 06/03)

**Amendment of Certificate of Insurance/Schedule of Insureds
Endorsement**

This endorsement amends the Certificate of Insurance for specified changes.

G-145545-A (Ed. 06/03)

Approved Locum Tenens Chiropractor Endorsement

This endorsement amends the policy to add coverage for an approved locum tenens chiropractor.

G-145546-A (Ed. 06/03)

Preceptee/Postceptee Endorsement

This endorsement amends the definition of Insured to include specified preceptee/postceptee.

G-145547-A (Ed. 06/03)

Additional Insureds Vicarious Liability Endorsement

This endorsement amends the policy to add a specified insured for vicarious liability.

G-145548-A (Ed. 06/03)

HIPAA Proceedings Endorsement

This endorsement amends the policy to add coverage for the investigation or defense of a HIPAA proceeding.

G-145549-A (Ed. 06/03)

Protected Health Information/Privacy Endorsement

This endorsement provides appropriate safeguards to maintain the security of and prevent disclosure of Protected Health Information.

GSL13156XX (4-09)

Other Entities- Restriction of Coverage Endorsement

This endorsement excludes coverage for insured's other business activities (i.e. Chiropractor sells nutritional products to people other than his patients). This form is optional and has no premium impact.

GSL13157XX (4-09)

Restrictive Endorsement-Other Employment

This form excludes coverage for other chiropractic employment. This form is optional and has no premium impact.

GSL13158XX (4-09)

Split Limits/Retroactive Date Endorsement

This form amends prior acts limits to coincide with lower limits with limits from prior carrier. This form is optional and has premium impact.

**Chiropractic Professional Liability Master Policy
Forms Filing Memorandum
09-00023-F**

DISTRICT OF COLUMBIA

GSL13159XX (4-09)	Office Sharing Exclusion Endorsement This form excludes coverage for office sharing arrangements. This form is optional and has no premium impact.
GSL13160XX (4-09)	Policy Period Extension Endorsement This form is used to extend the policy period. This form is optional and will have premium impact.
GSL13161XX (4-09)	Military Leave of Absence Reinstatement of Professional Liability Coverage This form reinstates the policy after military leave of absence. This form is optional and has premium impact.
GSL13162XX (4-09)	Definition of Professional Services Endorsement This form amends the policy definition of professional services. This form is used when an insured's license includes acupuncture. This form is optional and does not have premium impact.
GSL13163XX (4-09)	Military Leave of Absence Suspension of Professional Liability Coverage This form is used to suspend coverage during a specified period for military leave. This form is optional and has premium impact.
G- 145530-Ac2 (4-09)	Chiropractic Professional Liability Master Policy Insurance Application This is the application for this program.
G-147388-Bc3 (4-09)	Chiropractic Professional Liability Master Policy Insurance Claims-Made Renewal Application This is the renewal application for this program.
G-145559-A08 (8-03)	State Changes Endorsement Cancellation and Non-Renewal State of District of Columbia This District of Columbia mandatory endorsement modifies the program to bring it into compliance with the state requirements.